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PTO-SB-05 (4/98)  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. OMNI0005
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))		First Inventor or Application Identifier Pujare et al.
		Title Conventionally Coded Application Conversion System...
		Express Mail Label No. EL816159065US

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b>	
<p>See MPEP chapter 600 concerning utility patent application contents</p> <p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 108] (preferred arrangement set forth below)            - Descriptive title of the Invention            - Cross References to Related Applications            - Statement Regarding Fed sponsored R &amp; D            - Reference to Microfiche Appendix            - Background of the Invention            - Brief Summary of the Invention            - Brief Description of the Drawings (if filed)            - Detailed Description            - Claim(s)            - Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 47]</p> <p>4. Oath or Declaration [Total Pages 3]            a. <input checked="" type="checkbox"/> Newly executed (original or copy)            b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))            (for continuation/divisional with Box 16 completed)            i. <input type="checkbox"/> DELETION OF INVENTOR(S)            Signed statement attached deleting            inventor(s) named in the prior application,            see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</p>		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<b>ACCOMPANYING APPLICATION PARTS</b>			
<p>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))            8. <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Attorney            (when there is an assignee)</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input type="checkbox"/> Return Receipt Postcard (MPEP 503)            (Should be specifically itemized)</p> <p>13. <input checked="" type="checkbox"/> Statement(s) <input type="checkbox"/> Statement filed in prior application,            (PTO/SB/12) <input type="checkbox"/> Status still proper and desired            (if foreign priority is claimed)</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s)            (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other: _____</p>			
<p>16. If a <b>CONTINUING APPLICATION</b>, check appropriate box, and supply the requisite information below and in a preliminary amendment:  <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____            Prior application information: Examiner _____ Group / Art Unit: _____</p> <p>For <b>CONTINUATION or DIVISIONAL APPS</b> only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
<b>17. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 22862 (Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> Correspondence address below	
Name _____ Address _____ City _____ State _____ Zip Code _____ Country _____ Telephone _____ Fax _____			
Name (Print/Type) Michael A. Glenn Signature		Registration No. (Attorney/Agent) 30,176 Date 4/5/01	

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U.S. PTO

# FEE TRANSMITTAL

## for FY 1999

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement.  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12  
See 37 C.F.R. §§ 1.27 and 1.28

TOTAL AMOUNT OF PAYMENT (\$ 566.00)

## METHOD OF PAYMENT (check one)

The Commissioner is hereby authorized to charge indicated fees and credit any over payments to

Deposit Account Number 07-1445

Deposit Account Name Michael A. Glenn

Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17

Payment Enclosed:  
 Check  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 760	201 380	Utility filing fee	355.00
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 760	208 380	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$ 355.00)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims - 20** =	Fee from below	Fee Paid
39	19	X 9	171.00
Independent Claims	3 - 3** =	0 X 40	0.00
Multiple Dependent			

\*for number previously paid, if greater. For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 78	202 39	Independent claims in excess of 3	
104 260	204 130	Multiple dependent claim, if not paid	
109 78	209 39	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 171.00)

SUBMITTED BY		Complete if applicable	
Name (Print/Type)	Michael A. Glenn	Registration No. (Attorney/Agent)	30,176 Telephone 650-474-8400
Signature		Date	4/5/01

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